

MANAGEMENT DIRECTIVE

205.33
Number

COMMONWEALTH OF PENNSYLVANIA GOVERNOR'S OFFICE

Subject:

Workplace Violence

By Direction Of:


Thomas G. Paese, Secretary of Administration

Date:

June 22, 1999

This directive contains policy, responsibilities, and procedures on preventative measures and responses to violence in the workplace.

1. **PURPOSE.** To establish guidelines to prevent incidents of violence in the workplace and establish procedures for incident response and reporting.

2. **SCOPE.** Applies to all agencies under the Governor's jurisdiction.

3. **OBJECTIVE.** To provide policy and procedures for Commonwealth agencies and employees and safeguards to ensure a workplace which is free of violence and threats of violence.

4. **POLICY.**

a. The Commonwealth has a "zero tolerance" policy for any incidents of workplace violence, including threats of violence, by or against its employees or other individuals on Commonwealth owned or leased property, or engaged in the conduct or as a result of Commonwealth business. Violence or threats of violence against any state property or installation also will not be tolerated.

b. Agencies under the Governor's jurisdiction shall not tolerate acts of harassment, intimidation, assaults, stalking, or other violence, including threats of violence. To prevent workplace violence, all managers, supervisors, and employees are to be made aware of the Commonwealth's policy on workplace violence and the steps to recognize, defuse, respond to, and report any workplace violence incident.

c. The use of violence or threats of violence by state employees, either while on duty, as a result of performing their duty, or in a Commonwealth workplace is prohibited. Use of coercion or threats to perform acts of violence upon others and/or the property of the Commonwealth is prohibited. Violations of this policy by a Commonwealth employee may lead to disciplinary action, up to and including termination from employment, and may be subject to further legal action such as arrest. This directive is not intended to prohibit the lawful practices of law enforcement personnel which are performed in accordance with applicable statutes and agency policy.

d. Procedures regarding bomb threats should be followed consistent with *Management Directive 720.3, Guidelines for Responding to and Reporting Bombs, Bomb Threats, and Related Incidents.*

5. **DEFINITIONS.**

a. **Workplace.** A workplace is any Commonwealth owned or leased property, location where Commonwealth business is conducted, or site where an employee is considered "on duty." Commonwealth vehicles or private vehicles being utilized for Commonwealth business are included in this definition. Additionally, workplace violence can occur at any location if the violence has resulted from an act or decision made during the course of conducting Commonwealth business.

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b. Warning Signs. A warning sign is an observable behavior which may indicate possible future threats or violence. As more warning signs are displayed, the potential for threats or violence is greater. Warning signs may include but are not limited to overreacting, offensive or profane language, rapid speech, continual blame or excuses, being overly defensive when criticized, or repeated unusual movements such as pounding, banging, or slamming.

c. Inappropriate Workplace Behavior. Inappropriate behavior includes actions unacceptable for the workplace. Inappropriate workplace behavior may include attendance problems, decreased productivity, inconsistent work patterns, poor on-the-job relationships, unusual/changed behavior, personal conflicts, disruptive behavior, and fighting.

d. Violence. Violence connected to the workplace takes many forms. Incidents of workplace violence include, but are not limited to, threats in person, by letter or note, telephone, fax, or electronic mail; intimidation, harassment to include sexual harassment, mugging, robbery, and attempted robbery, and destruction of Commonwealth property. Cases that are considered extremely serious include, but are not limited to, physical assault, rape, or murder, and bomb threats. Incidents may take place between employees; employees and clients; employees and acquaintances/partners; and employees and strangers. Incidents of workplace violence may occur either at or away from the workplace. The determining factors in assessing whether an incident constitutes workplace violence are the individuals involved and the relationship of the action to the workplace; the location of the incident; and/or if the violence is as a result of Commonwealth business.

e. Worksite Plans and Post-Workplace Violence Incident Plans. These plans establish sequential steps to be followed in case of a workplace violence incident. The plans should instruct employees on emergency contact numbers, and actions to be taken during and immediately after an incident of violence. Plans should include, but are not limited to, reminders to keep calm; seek

safety; identification of emergency contact numbers; steps to ensure that the appropriate police agency is notified; steps to ensure that victims and witnesses of violence are debriefed by appropriate officials and provided assistance through SEAP; and procedures to ensure that reports are completed and notifications are made in accordance with agency policy.

f. State Employee Assistance Program (SEAP). A program for state employees designed to assist them and their families with substance abuse, emotional, family, financial, marital, and/or personal problems. All employees, supervisors, managers, and union stewards are encouraged to utilize the services of SEAP when personal problems first develop regardless of any job performance concerns. Policy and procedures are contained in *Executive Order 1996-10, Management Directive 505.22*, and *Manual M505.3*, all titled *State Employee Assistance Program*.

6. RESPONSIBILITIES.

a. Agency heads shall:

(1) Designate an agency workplace violence coordinator and provide the name to the Office of Administration.

(2) Provide necessary resources to prevent and address incidents of workplace violence, including safety/security initiatives, educational opportunities, and informational materials.

(3) Ensure that an agency workplace violence prevention policy exists which includes identifying a workplace violence coordinator; where warranted, local and centralized threat assessment teams and worksite plans; reporting requirements; use of appropriate discipline; use of SEAP for voluntary referrals and as conditions of continued employment and, as appropriate, Critical Incident Stress Debriefings; and post-workplace violence incident plans consistent with this directive.

(4) Create a workplace environment which encourages discussion of workplace violence issues, where employees are educated about warning signs and preventative measures, and where emergency procedures are made known to employees.

**b. The Office of Administration (OA),
Bureau of Personnel shall:**

(1) Provide overall policy guidelines to assist agencies in designing and/or implementing workplace violence prevention programs, including the development of agency policy, training, and informational materials. These guidelines will be established with input from the Department of General Services and other affected agencies and parties.

(2) Coordinate a Commonwealth workplace violence reporting system and provide periodic reports to agencies on incidents and trends of workplace violence in Commonwealth agencies.

(3) Coordinate the development of a generic workplace violence training program and assist agencies in the delivery of the program through a variety of means, with modules which can be incorporated into courses as conflict management, supervisory training, customer service, and others, as appropriate.

(4) Function as a resource for the identification of workplace violence information and training resources.

(5) Provide assistance to agencies through the SEAP program in the form of early intervention counseling and Critical Incident Stress Debriefings.

**c. The Department of General Services
(DGS) shall:**

(1) Develop and provide training or guidance on selected workplace violence issues related to bomb threats and other security measures.

(2) Respond to incidents of workplace violence in worksites under the jurisdiction of the Department of General Services.

(3) Function as a resource for agencies to use in the development of workplace violence training and/or guidelines.

d. Agency Workplace Violence Coordinators shall:

(1) Implement the provisions of this directive, workplace violence prevention initiatives, and training; provide information and assistance on workplace violence issues and questions to all managers, supervisors, and employees; and report incidents of workplace violence to the OA.

(2) Identify, with agency management, the types of workplace violence prevention initiatives which are appropriate to meet agency needs.

(3) Identify, with agency management, employees who should receive training in addition to those identified in this directive.

(4) Coordinate the distribution of workplace violence materials, including guidelines and literature on workplace violence.

(5) Coordinate the delivery of workplace violence prevention training and/or workshops.

(6) Develop agency procedures for reporting incidents of workplace violence and ensure agency procedures are consistent with the OA reporting system identified in Section 7.i.

(7) Coordinate the development of local worksite plans and post-workplace violence incident plans.

(8) Coordinate with the OA, Capitol Police, State Police, local law enforcement authorities, and other resources to obtain appropriate advisory services and training to meet the agency's needs.

(9) Inform the agency SEAP coordinator of serious incidents of workplace violence and request a Critical Incident Stress Debriefing or other appropriate actions, such as a referral as a Condition of Continued Employment, and/or fitness for duty evaluation through SEAP if necessary.

(10) Ensure managers and supervisors are advised of options to minimize the opportunity for workplace violence consistent with operational considerations.

(11) Ensure managers and supervisors are aware that they should consult SEAP in cases of suspected behavior or speech that may lead to workplace violence.

(12) Ensure that all agency policies and procedures regarding workplace violence inform victims and witnesses of the availability of SEAP following any incident of workplace violence.

(13) When necessary, participate as a member of the agency's central threat assessment team.

e. Managers and Supervisors shall:

(1) Ensure employees are provided with the agency policy, information/guidelines, and any local worksite plans and post-workplace violence incident plans.

(2) Be proactive in their supervisory responsibilities to minimize risk of workplace violence consistent with operational considerations.

(3) Utilize the workplace violence coordinator to obtain appropriate training to meet specific needs of their workplace.

(4) Consult SEAP when employees show signs of inappropriate workplace behavior, threats, or speech that may lead to workplace violence for advice pertaining to possible referral, Condition of Continued Employment, or fitness for duty evaluation.

(5) When an incident of violence occurs involving physical contact, the communication of a threat, or other crimes, contact the appropriate law enforcement personnel for immediate assistance to initiate a criminal investigation.

(6) Report all incidents of workplace violence in accordance with agency procedures.

(7) Initiate corrective action or discipline where warranted. Supervisors should ensure that the information submitted on the workplace violence incident reporting form reflects the facts of the incident prior to reporting.

(8) Upon receipt of a "protection from abuse order" or a restraining order issued by a court from an employee, provide a copy of the order to the local law enforcement agency responsible for the employee's worksite, and request guidance on this issue. Managers should take appropriate steps to minimize the opportunity for the legally identified perpetrator to contact the employee or to access the employee's worksite.

(9) Take appropriate administrative action and make employees aware of SEAP services when early warning signs occur and there are no clear and present risks to self or others. The supervisor shall take appropriate administrative and disciplinary action, consistent with this directive when an employee presents a clear and present danger or has violated this directive. The administrative action should be consistent with the seriousness of the behavior. Supervisors should refer to the SEAP Supervisory Guidelines as they relate to fitness for duty issues.

(10) Be aware and sensitive to events or underlying causes which can potentially lead to workplace violence. These include occurrences such as major changes in program, policy, or operational procedures; furloughs; dismissals or disciplinary actions; and interpersonal or philosophical disagreements in the workplace. Examples of additional factors which can lead to workplace violence include substance abuse; emotional problems; domestic disputes; and other personal issues.

f. Agency SEAP Coordinators shall:

(1) Notify OA SEAP when warning signs and inappropriate behavior first develop as an attempt at early intervention.

(2) Notify OA SEAP following serious incidents of workplace violence and coordinate a debriefing where warranted.

(3) Notify the agency workplace violence coordinator, the appropriate threat assessment team, and the personnel office of the incident, maintaining the confidentiality of the incident.

(4) Inform managers and supervisors of the resources provided by SEAP should an incident of workplace violence occur.

g. Employees shall:

(1) Read and be familiar with the workplace violence policy and be proactive in the prevention of workplace violence incidents.

(2) Immediately report all incidents of workplace violence to their supervisor.

(3) Employees who have protection from abuse orders from other individuals should notify management. Employees should work with their managers and supervisors to take appropriate steps to minimize the opportunity for the legally identified perpetrator to contact or visit the employee.

7. PROCEDURES.

a. Employees exhibiting early warning signs of potential violence such as personal conflict or disruptive behavior, should be counseled and confidentially informed of services provided by the State Employee Assistance Program. The supervisor should take appropriate administrative and disciplinary action consistent with the seriousness of the behavior.

b. When employees exhibit signs of inappropriate workplace behavior which create a clear and present danger or give rise to the concerns of imminent danger to self or others such as threats, physical confrontation or assault, or other violent actions, it shall require the immediate response by the supervisor in accordance with this directive and established disciplinary policy.

c. Training classes and/or workshops on workplace violence are to be made available, as appropriate, through the agency's workplace violence coordinator. All managers, supervisors, union stewards, Health and Safety Committee members, and employees with high levels of interaction with the public should attend training. Information on workplace violence should be made available to all employees including the distribution of reading materials and appropriate workplace discussions.

d. Employees, supervisors, and managers who witness or experience any workplace violence situation, including threats of violence, must report the incident through established agency reporting procedures to the appropriate authorities. All incidents and suspected incidents of workplace violence, as defined in this directive, must be reported.

e. Agencies should assess their worksites and, where warranted, develop local worksite contingency plans to reduce the likelihood of incidents of workplace violence and to assist their employees to properly react to a potentially violent situation. Agencies also should develop post-workplace violence incident plans to ensure that appropriate sequential steps are followed in response to workplace violence.

f. Each agency should ensure that provisions are made to regularly evaluate the workplace violence program, including the pattern of incidents which has occurred, steps to prevent violence, and responses to workplace violence which has occurred. Agency heads and senior-level managers should be a part of this evaluation process.

g. When warranted, each agency should form central and local threat assessment teams. The team(s) should perform threat assessments, conduct or assist with objective investigations of all reported incidents, maintain confidentiality coordinate response activity, recommend corrective actions, and develop information which can be provided to victims on the results of the investigations.

h. Awareness, Education, and Training.

(1) All current and new employees should receive workplace violence information to review and to be utilized in case of a workplace violence incident. Training should be made available to agency employees, especially those employees with a large degree of interaction with the public. Agency personnel officers shall ensure that orientation programs for new employees and new supervisors and other supervisory programs include information on the Commonwealth's workplace violence policy and procedures, including procedures for responding to bomb threats, workplace violence prevention, and reporting workplace violence.

(2) A copy of this directive shall be posted in all state-owned and leased office buildings.

i. **Responding to Workplace Violence Incidents.** Immediate action must be taken in the event of a workplace violence incident.

(1) Rendering immediate assistance to those affected by an incident is critical. Proper emergency and law enforcement personnel should be contacted if the incident warrants.

(a) For buildings/worksites under the jurisdiction of the Department of General Services, it is the responsibility of the manager and supervisor to ensure all incidents of violence are reported to the Capitol Police and the agency workplace violence coordinator. For incidents at all other locations, the building manager, appropriate law enforcement authorities, the agency workplace violence coordinator, and the agency personnel office should be informed.

(b) For employees located in buildings/worksites not under the jurisdiction of the Department of General Services or not served by the Capitol Police, agencies are to determine in advance who is to be notified in the event of incidents of violence. Appropriate telephone numbers of local police, emergency personnel, the building manager, and related staff, are to be posted and employees are to be informed of contact procedures to follow.

(2) Reporting Incidents.

(a) In the event of an extremely **serious incident**, such as attacks with a weapon, rape, murder, and bomb threats, after emergency and law enforcement personnel have been notified and the situation contained, the Office of Administration should be notified promptly for reporting purposes by the agency workplace violence coordinator, or designated representatives in accordance with agency policy.

(b) For **other incidents of workplace violence**, the electronic reporting procedure outlined in this directive should be followed without a need for immediate reporting. Procedures for reporting serious and less-serious incidents, as outlined below, should be followed as soon as possible after the incident and the victims have been

seen by appropriate medical/law enforcement personnel.

(3) Where access to the Integrated Personnel Payroll System (IPPS) exists, agencies should utilize IPPS messaging software, EMS. To access:

(a) Sign-on with an user-ID and password.

(b) Select transaction EMS 001.

(c) Enter the template name VREPT in the message ID.

(d) Send to user-ID PSD01.

(e) Transmit.

(4) Where access to IPPS is not available, the attached reporting data sheet should be used and forwarded/faxed to the Information Systems Support Division in the OA at (717) 783-4429.

(5) If all information is not readily known, agencies are to complete and submit all available information as soon as possible. Additional data regarding the incident can be added when it becomes available on IPPS by referencing the previous template message-ID and forwarding to the same user-ID. If the reporting data sheet is used, complete the identifying information at the top of the form and indicate that the form contains additional information to a previously submitted reporting data sheet.

(6) Managers, supervisors, and employees may call the SEAP consultation number 1-800-662-9206 for professional evaluation of the observed behavior and situation.

(7) The agency SEAP Coordinator should contact OA SEAP following all serious incidents of workplace violence and ensure all victims and coworkers are informed of the availability of SEAP following any incident of workplace violence.

Enclosure:

1 - Reporting Data Sheet for Incidents of Workplace Violence

Reporting Data Sheet for Incidents of Workplace Violence(Check all boxes that apply)

Agency: _____ Work Location: _____

Work Address: _____
(Street/Building/Room #)

Organization Code: _____ County Code: _____ Date of Incident: _____ Time of Incident: _____

Location of Incident:

<input type="checkbox"/> Lobby	<input type="checkbox"/> Parking lot	<input type="checkbox"/> Restroom
<input type="checkbox"/> Stairwell	<input type="checkbox"/> Office	<input type="checkbox"/> Street/Sidewalk
<input type="checkbox"/> Parking garage	<input type="checkbox"/> Workstation	<input type="checkbox"/> Reception area
<input type="checkbox"/> Client's worksite	<input type="checkbox"/> State vehicle	<input type="checkbox"/> Highway
<input type="checkbox"/> Other: _____		

Type of Incident:

<input type="checkbox"/> Murder	<input type="checkbox"/> Physical assault	<input type="checkbox"/> Personal Threat	<input type="checkbox"/> Bomb Threat
<input type="checkbox"/> Disorderly conduct	<input type="checkbox"/> Rape	<input type="checkbox"/> In person	<input type="checkbox"/> Telephone
<input type="checkbox"/> Drunkenness	<input type="checkbox"/> Fire/Arson	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mail
<input type="checkbox"/> Robbery	<input type="checkbox"/> Theft	<input type="checkbox"/> Fax	<input type="checkbox"/> Fax
<input type="checkbox"/> Unauthorized presence at worksite	<input type="checkbox"/> Vandalism	<input type="checkbox"/> E-Mail	<input type="checkbox"/> E-Mail
<input type="checkbox"/> Suicide	<input type="checkbox"/> Sabotage	<input type="checkbox"/> Letter/Memo	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Verbal abuse	<input type="checkbox"/> Note	
	<input type="checkbox"/> Drug possession, sale or use	<input type="checkbox"/> Third party	
		<input type="checkbox"/> Other: _____	

Kind of Incident: ☐ Work-Related ☐ Domestic ☐ Personal ☐ Random ☐ Other: _____

Weapon Involved: ☐ Yes ☐ No

☐ Firearm ☐ Knife

☐ Explosives ☐ Other: _____

Perpetrator(s): ☐ Stranger ☐ Spouse ☐ Client ☐ Acquaintance ☐ Co-Worker

☐ Other: _____

Number of Perpetrators: _____ Male _____ Female _____

Incident Involved: Injury ☐ Yes ☐ No

Death ☐ Yes ☐ No

Injuries Suffered (Brief Description): _____

Was a work-related injury report filed?: ☐ Yes ☐ No ☐ Will be

Was SEAP contacted by the agency?: ☐ Yes ☐ No ☐ Will be

Law Enforcement Official(s) contacted: ☐ Capitol Police ☐ State Police ☐ Local Police

☐ Security Officer ☐ None ☐ Other: _____

Was anyone arrested? ☐ Yes ☐ No

Name(s) of Person(s) Involved (Victim(s)): _____ ☐ Male ☐ Female

Perpetrator(s) _____ ☐ Male ☐ Female
(If known)

Employee(s) Job Classification(s)
and employee number(s):

Victim(s): _____

Perpetrator(s): _____
(If known)

Witnesses: ☐ Yes ☐ No (Maintain separate list of names, if known)

Description of Incident:

Any Other Relevant Data:

Name of Person Completing Report: _____

Job Title of Person Completing Report: _____

Phone Number of Person Completing Report: _____

Governor's Office of Administration
Information Systems Support Division
520 Finance Building
(Voice) (717) 787-8001
(FAX) (717) 783-4429
(E-mail) sstewart@oa.state.pa.us

Reporting Data Sheet for Incidents of Workplace Violence

(Check all boxes that apply)

Agency: _____ Work Location: _____

Work Address: _____ (City)
(Street/Building/Room #)

Organization Code: _____ County Code: _____ Date of Incident: _____ Time of Incident: _____

Location of Incident:

<input type="checkbox"/> Lobby	<input type="checkbox"/> Parking lot	<input type="checkbox"/> Restroom
<input type="checkbox"/> Stairwell	<input type="checkbox"/> Office	<input type="checkbox"/> Street/Sidewalk
<input type="checkbox"/> Parking garage	<input type="checkbox"/> Workstation	<input type="checkbox"/> Reception area
<input type="checkbox"/> Client's worksite	<input type="checkbox"/> State vehicle	<input type="checkbox"/> Highway
<input type="checkbox"/> Other: _____		

Type of Incident:

<input type="checkbox"/> Murder	<input type="checkbox"/> Physical assault	<input type="checkbox"/> Personal Threat	<input type="checkbox"/> Bomb Threat
<input type="checkbox"/> Disorderly conduct	<input type="checkbox"/> Rape	<input type="checkbox"/> In person	<input type="checkbox"/> Telephone
<input type="checkbox"/> Drunkenness	<input type="checkbox"/> Fire/Arson	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mail
<input type="checkbox"/> Robbery	<input type="checkbox"/> Theft	<input type="checkbox"/> Fax	<input type="checkbox"/> Fax
<input type="checkbox"/> Unauthorized presence at worksite	<input type="checkbox"/> Vandalism	<input type="checkbox"/> E-Mail	<input type="checkbox"/> E-Mail
<input type="checkbox"/> Suicide	<input type="checkbox"/> Sabotage	<input type="checkbox"/> Letter/Memo	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Verbal abuse	<input type="checkbox"/> Note	
	<input type="checkbox"/> Drug possession, sale or use	<input type="checkbox"/> Third party	
		<input type="checkbox"/> Other: _____	

Kind of Incident: ☐ Work-Related ☐ Domestic ☐ Personal ☐ Random ☐ Other: _____

Weapon Involved: ☐ Yes ☐ No

<input type="checkbox"/> Firearm	<input type="checkbox"/> Knife
<input type="checkbox"/> Explosives	<input type="checkbox"/> Other: _____

Perpetrator(s): ☐ Stranger ☐ Spouse ☐ Client ☐ Acquaintance ☐ Co-Worker

☐ Other: _____

Number of Perpetrators: _____ Male _____ Female _____

Incident Involved:

Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Death	<input type="checkbox"/> Yes <input type="checkbox"/> No

Injuries Suffered (Brief Description): _____

Was a work-related injury report filed?: ☐ Yes ☐ No ☐ Will beWas SEAP contacted by the agency?: ☐ Yes ☐ No ☐ Will be

Law Enforcement Official(s) contacted:

<input type="checkbox"/> Capitol Police	<input type="checkbox"/> State Police	<input type="checkbox"/> Local Police
<input type="checkbox"/> Security Officer	<input type="checkbox"/> None	<input type="checkbox"/> Other: _____

Was anyone arrested? ☐ Yes ☐ No

Name(s) of Person(s) Involved (Victim(s)): _____ ☐ Male ☐ Female
_____ ☐ Male ☐ Female
_____ ☐ Male ☐ Female

Perpetrator(s) _____ ☐ Male ☐ Female
(If known)

Employee(s) Job Classification(s)
and employee number(s):

Victim(s): _____

Perpetrator(s): _____
(If known)

Witnesses: ☐ Yes ☐ No (Maintain separate list of names, if known)

Description of Incident:

Any Other Relevant Data:

Name of Person Completing Report: _____

Job Title of Person Completing Report: _____

Phone Number of Person Completing Report: _____

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